

361ET – Medication Support Services, Established Client

SUBJECTIVE:

Subjective Narrative:

CC: Follow-up visit for client with Schizoaffective Disorder, Bipolar Type, and PTSD

HPI: "I think I'm over the hump of suicide.... I don't cry anymore." Mood generally improved since last visit. Bathing qOD but struggling with motivation to do so. No dizziness following split IM dosing. Eating well but craving sweets and not drinking much fluids due to bladder concerns. No Sx c/w clinical mania but ongoing sleep struggles, estimates 5 hours/night due to intense nightmares of family trauma and images of the devil. Tried up to 200mg trazodone plus Ativan, which helped with sleep but was overly sedating.

ROS: Continuing to take synthroid for hypothyroidism.

OBJECTIVE:

Appearance: Well-groomed

Level of Consciousness: Alert

Orientation: Person, Place, Time, Circumstance,
Purpose

Ability to Attend/Follow: Clear

Judgement: Fair

Thought Process: Coherent

Insight: Fair

Thought Content: Normal

Speech: Normal

Mood: Appropriate

Affect: Appropriate

Objective Narrative (include Mental Health status exam and relevant lab results, if applicable):

Appears mildly slowed and sedate, full affect, euthymic and nondistressed

ASSESSMENT:

Assessment Narrative: SAD, PTSD. Mood improved, still with some suicidal ideation. Tolerating increased Prozac but struggling with sleep.

PLAN:

Continue medications without change to avoid deterioration of daily functioning. RTC in four weeks.